

MEDICARE ADVANTAGE: PROVIDING WHOLE-PERSON CARE FOR OUR REGION'S SENIORS

Medicare Advantage (MA) is an option for Medicare beneficiaries to receive health coverage provided by a private plan rather than the Federal government. CareFirst entered MA in 2021 to provide beneficiaries **access to affordable**, **coordinated**, **comprehensive**, **and high-quality plan options** throughout their lives. We expanded into employersponsored MA plans in 2022 so businesses could also benefit.



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Why MA is important

- MA offers Medicare beneficiaries comprehensive health coverage with access to innovative programs and supplemental benefits like dental, vision, and hearing, similar to those enjoyed by enrollees in employer plans.
- MA products wrap together both Medicare Part A and Part B benefits, and often include Part D drug benefits, but typically with lower out-of-pocket costs and an annual cap on out-of-pocket payments.
- MA plans increasingly offer non-traditional benefits aimed at addressing social determinants of health, such as transportation and nutrition counseling, to advance health equity for beneficiaries.

A recent study from eHealth notes 88% of MA enrollees are satisfied with their coverage and 86% would recommend MA to family or friends. This supports a previous study commissioned by the Better Medicare Alliance which found a 94% MA satisfaction rate. As we look to the future, it is important to expand on the success of this public-private partnership. CareFirst encourages Federal policymakers to consider taking the actions outlined below.

Sources: https://news.ehealthinsurance.com/_ir/68/20225/Spotlight_On_Medicare_Advantage_eHealth_Survey_June2022.pdf; https://bettermedicarealliance.org/news/new-poll-medicare-advantage-satisfaction-soars-to-record-94/

Protect MA from reimbursement cuts Congress should not cut MA plan reimbursement as this will reduce competition, increase costs, and limit the ability to offer supplemental benefits.

An increase to MA's coding intensity factor could **increase premiums by \$9-\$25 per month**.

Source: https://www.ahip.org/ documents/Avalere-AHIP-Memo-10292021.pdf



2 Maintain audio-only telehealth diagnoses in risk adjustment

Permanently allow diagnoses derived from audio-only telehealth encounters to be valid for MA risk adjustment. Many seniors have relied on audio-only telehealth during the COVID-19 pandemic to access needed care. Because **many seniors don't have access to video technologies**, CareFirst recommends the Centers for Medicare & Medicaid Services (CMS) allow audio-only telehealth to be used for risk adjustment purposes as well. Many seniors use **audioonly calls** to access care Ð:

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Ensure stability in MA risk adjustment

Ensure stability in MA risk adjustment. Accurate payment in the MA program depends on accurate risk adjustment. CMS recently proposed a rule giving the agency broad authority to dramatically undercut MA risk adjusted payments by establishing a contract wide error rate based on a single sample and retrospectively auditing plans' risk adjusted payments dating back nearly a decade. CareFirst recommends CMS not move forward with this rule as proposed. CareFirst also recommends future changes to risk adjustment maintain use of proper notice and comment rulemaking to ensure transparency.



Changes in error rate calculations could result in a substantial decrease in risk scores and impact the stability of the MA program

CareFirst enrollees enjoy these extra benefits

- Preventive dental
- CareFirst video visit (telehealth)
- Routine eye exams and eye-wear
- Fitness (gym, online resources, at-home kits)
- Hearing exam and hearing aids
- Annual physical exam

- 24/7 nurse hotline
- Additional telehealth [CMS Service categories through IN providers]
- Worldwide emergency and urgently needed services
- In-home assessment

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